NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

15915 U.S.PTO 100703

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MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL
RULE §1.53(b)

010004 U.S.PTO 10/679480 100703

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): SURFACE ACOUSTIC WAVE RESONATOR

By (Inventors): Michiaki TAKAGI; Yoshio MAEDA; Takashi YAMAZAKI; Keigo IIZAWA

☒ Formal drawings (Figs. 1-13; 10 sheets) are attached.
☐ Use Figure _____ for front page of Publication.
☐ A Declaration and Power of Attorney is filed herewith.
☐ This application claims benefit of Provisional Application No. _____ filed _____.
(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
☒ This patent application is assigned to SEIKO EPSON CORPORATION.
☐ The executed Assignment is filed herewith.
☒ An Information Disclosure Statement is filed herewith.
☐ Entitlement to small entity status is hereby asserted.
☐ A Preliminary Amendment is filed herewith.
☒ Priority of foreign application Nos. 2002-301762 filed October 16, 2002 in JAPAN and 2003-172107 filed June 17, 2003 in JAPAN are claimed (35 U.S.C. §119).
☒ A certified copy of the above corresponding foreign application are filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
☒ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

			SMALL ENTITY			OTHER THAN A SMALL ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE				$ 385	OR		$ 770
TOTAL CLAIMS	5 - 20	= 0	x 9 =	$	OR	x 18	$
INDEP CLAIMS	1 - 3	= 0	x 43 =	$	OR	x 86	$
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			+ 145 =	$	OR	+ 290	$
			TOTAL	$	OR	TOTAL	$ 770

* If the difference is less than zero, enter "0".

☒ Check No. 147160 in the amount of $770 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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JAO:EDM/mlo